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ABSTRACT

This report presents an evaluation of Florida's Blind Babies Program, which provides community-based, early intervention education to visually impaired or blind children from birth through age 5 and to their parents, families, and caregivers. The evaluation found that: (1) the Division of Blind Services had not developed an adequate accountability system; (2) the Division did not effectively use the pilot project for program development; and (3) the Division failed to achieve statewide implementation. The report concludes that it cannot recommend the continued funding of the program since it cannot assure the Florida state legislature that the program is not duplicating existing programs, is having the desired impacts, or is cost effective. If funding were discontinued, 185 children and 364 family members would no longer receive the program's services, but the effectiveness of these services is not conclusive. Individual sections of the report address the program's purpose, background, and detailed findings. Specific recommendations to ensure program success are offered in the event that the legislature wishes to continue funding the program. An appended response from the Commissioner of Education identifies extenuating circumstances affecting the program and urges its continuation. (DB)

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OPPAGA
SPECIAL REVIEW

BLIND BABIES PROGRAM NOT EFFECTIVELY IMPLEMENTED; CONTINUED FUNDING BY STATE CANNOT BE JUSTIFIED

SEPTEMBER 2001

REPORT NO. 01-42

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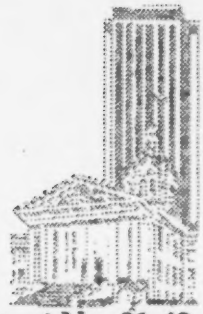
Special Review



September 2001

Report No. 01-42

Blind Babies Program Not Effectively Implemented; Continued Funding by State Cannot Be Justified

at a glance

The Division of Blind Services piloted the Blind Babies Program between 1996-97 and 1999-2000. In 2000, the Legislature implemented the program statewide.[1] The program provides community-based, early-intervention education to visually impaired or blind children from birth through five years of age and to their parents, families, and caregivers. Our examination found that the division

- had not developed an adequate accountability system;
- did not effectively use the pilot project for program development; and
- failed to achieve statewide implementation.

Because of these failures, we cannot recommend that the Legislature continue funding the program. We are unable to assure the Legislature that the program is not duplicating existing programs, is having the desired impacts, or is cost-effective. If funding were discontinued, 185 children and 364 family members would no longer receive the program's services, but the effectiveness of these services is not conclusive.

However, if the Legislature wishes to continue funding the program, we recommend that the division improve client identification as well as referral and coordination of services with other early intervention programs, increase program utilization, ensure cost-effective distribution of program funds, and establish a valid accountability system by the end of Fiscal Year 2001-02.

Purpose

The Office of Program Policy Analysis and Government Accountability (OPPAGA) is required by Ch. 2000-359, *Laws of Florida,* to review the Blind Babies Program within the Division of Blind Services. The law directed OPPAGA to determine

- the program's progress towards achieving its established outcomes;
- the circumstances contributing to the program's capacity to achieve, not achieve, or exceed its established outcomes;
- whether it is sound public policy to continue funding the program; and
- the consequences of discontinuing the program.

[1] Chapter 99-240, *Laws of Florida,* transferred the Division of Blind Services from the Department of Labor and Employment Security to the Department of Education on January 1, 2001.

Background

Blind Babies Program piloted between 1996 and 1999

In 1996, four community-based rehabilitation agencies requested that the Division of Blind Services allocate funds to support early intervention services for infants, toddlers, and young children with visual impairments. While children in this population may receive services from other programs, the providers felt that existing services did not meet the unique needs of these children and that some children were not receiving services at all. The division agreed with the providers' request and between 1996-97 and 1999-2000 piloted the Blind Babies Program within its Children and Families Program.

The pilot program provided assessment, educational instruction, and home teaching services to eligible children and offered training and support services to their families.[2,3] The goal of the pilot project was "to determine the most effective means of facilitating the development of the visually impaired pre-schooler within the family, the community, and educational settings."[4]

The original pilot providers were

- the Lighthouse for the Blind of the Palm Beaches;
- the Lighthouse for the Blind of Pasco and Hernando;
- the Mana-Sota Lighthouse; and
- the Pinellas Center for the Visually Impaired.

As shown in Exhibit 1, the four pilot providers served 111 children during federal Fiscal Year 1996-97, 130 in 1997-98, and 118 in 1998-99. Each year, the division awarded $124,500 to be divided equally among the four providers.

In 1999-2000, the pilot program was expanded to include two more community-based rehabilitation agencies: the Center for Independence, Technology, and Education and the Conklin Center. During federal Fiscal Year 1999-2000, the four original pilot providers each received $95,000 and the two new providers each received $45,000, for a total of $470,000. The six providers served 267 clients.

The pilot program also included an educational component that consisted of a study by Florida State University researchers.[5] The division awarded researchers sub-grants totaling $60,000 for federal Fiscal Years 1996-97 and 1997-98 to study the incidence of visual impairment among children in Florida and to evaluate the pilot providers.[6,7] The study concluded that children with visual impairments are "largely unidentified and unserved" and that the pilot providers could improve their services to this population.

Program implemented statewide by 2000 Legislature

The 2000 Legislature implemented the program statewide. Chapter 2000-359, *Laws of Florida*, created the Blind Babies Program and required that the program provide community-based, early-intervention education to visually impaired or blind children from birth through five years of age and to their parents, families, and caregivers. Special emphasis was placed on vision skills to minimize developmental delays, help children progress through normal developmental stages, and ensure school readiness.[8]

[2] To be eligible for program services, a child must be in the age group of birth through five years and have a bilateral visual impairment that constitutes or results in a substantial impediment to the ability to learn and function independently. There must also be a reasonable expectation that services will benefit the child and family in terms of education, independence, and transition.

[3] Other services provided by participating agencies included community education and awareness, training and technical assistance for other agencies, and advocacy for legislative support of services.

[4] Excerpt from 1996-97 and 1997-98 standard contract documents.

[5] *An Evaluation of Services to Young Children with Visual Impairments and Their Families in Florida*, Eileen Pace and Dr. Sandra Lewis, Florida State University, December 1997.

[6] The educational component was funded with federal Social Security Reimbursement funds.

[7] While 1996-97 and 1997-98 contracts called for the monitoring and evaluation of pilot providers by the Florida State University researchers, the study did not represent an evaluation of the effectiveness of the services provided during the pilot project

[8] Services include vision assessment and training; motor skill development; independent living skills such as feeding, dressing, and travel and mobility development; socialization skills; and cognitive skill development. Children's family members are provided individual counseling and coping skills, intake and referral information, parent and sibling activities and support, and parent advocacy training.

Exhibit 1
Number of Clients and Amount of Funding Increased Significantly During the Pilot Project

	1996-97	1997-98	1998-99	1999-2000
Number of Providers	4	4	4	6
Number of Children Served	111	130	118	267
Number of Family Members Served	325	257	296	Unknown[1]
Funding Source	Federal Social Security Reimbursement funds	Federal Social Security Reimbursement funds	State General Revenue	State General Revenue
Total Contract Award Amount	$124,500	$124,500	$124,500	$470,000

[1] The division did not require providers to submit this data in Fiscal Year 1999-2000.

Source: Division of Blind Services.

Typical Blind Babies Program clients receive weekly home- or center-based services from an instructor certified in visual disabilities or early childhood education. After clients are referred for and deemed eligible for services, instructors evaluate clients to determine their ability levels and specific needs and develop a service plan based upon evaluation results. Specific services include teaching children to

- move about in their homes and other environments;
- groom, dress, and feed themselves; and
- effectively communicate and interact with others.

Program instructors also teach clients skills such as counting, color identification, recognizing similarities and differences in objects, and pre-Braille. Clients' caregivers are taught how to work with their children to maximize their skills and are also provided with support and counseling services.

To ensure effective program implementation and delivery of quality services, Ch. 2000-359, *Laws of Florida*, directed the Division of Blind Services to

- enlist parents, ophthalmologists, pediatricians, schools, infant and toddlers early intervention programs, and therapists to help identify and enroll blind and visually impaired children in the program;
- link children, and their parents, families, and caregivers to other available services;
- develop a formula for eligibility based upon financial means;
- develop criteria to be used in identifying and contracting with community-based provider organizations;
- distribute funds based on enrollment;
- establish outcomes for the program;
- require community-based provider organizations delivering program services to develop performance measures; and
- report to the division on progress in achieving those measures.[9, 10]

The Legislature appropriated $1 million of state general revenue to the program for Fiscal Year 2000-01. As shown in Exhibit 2, the division contracted with 10 providers in 58 counties during 2000-01. The Legislature repeated the $1 million appropriation for 2001-02. According to division officials, Fiscal Year 2001-02 contracts will provide services to children in every county but Monroe.[11]

[9] The linkage between clients and their families and other available services may include referrals to school districts and the Children's Medical Services Early Intervention Program for assessments to identify any additional services needed that the Blind Babies Program does not provide.

[10] Outcomes should include, but are not limited to, outcomes relating to the children's age-appropriate developmental stages; knowledge of assistive technology; proficiency at daily living; ability to participate in pre-school and school; community participation; and ability to be literate.

[11] Division officials said that Monroe County has historically been difficult to serve because of the lack of local interest in early intervention services for visually impaired children. However, officials will continue their efforts to expand services to the county.

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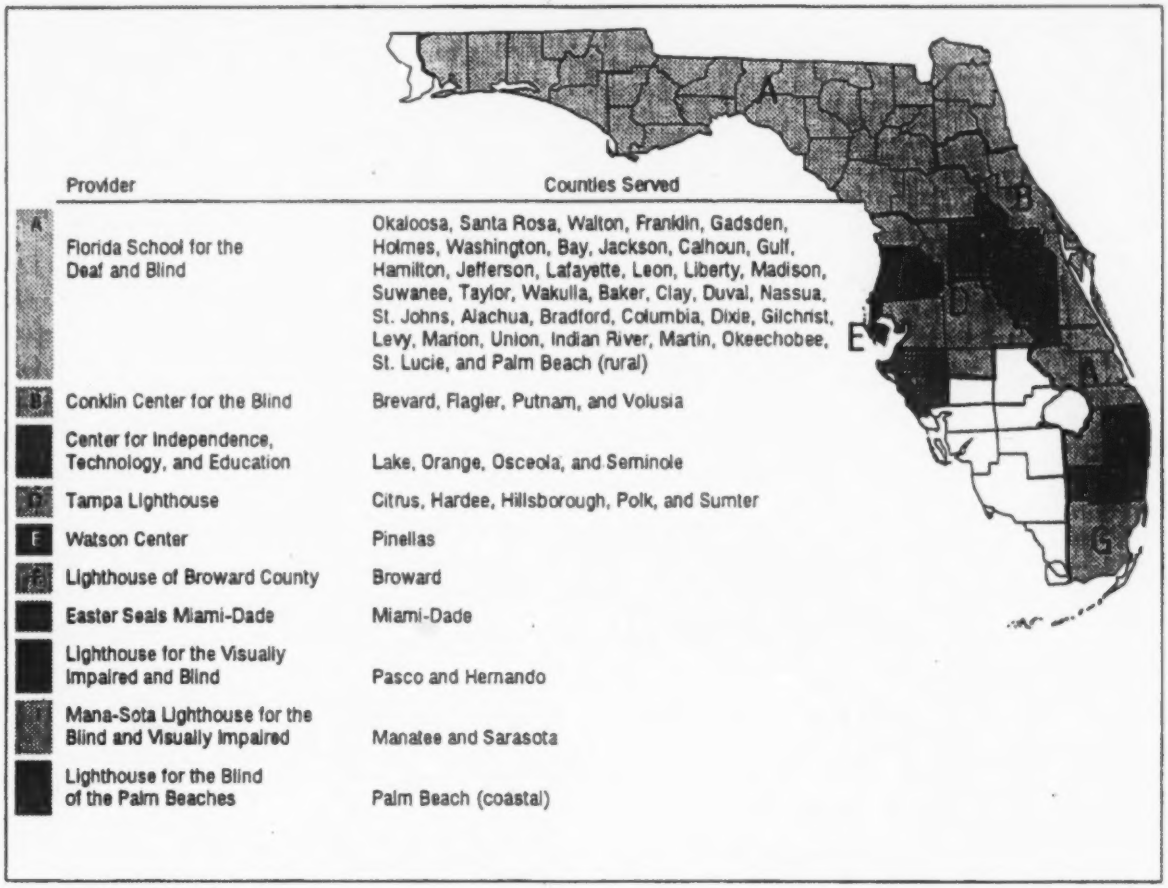
Exhibit 2
Ten Providers Served Clients in 58 Counties in Fiscal Year 2000-01



	Provider	Counties Served
A	Florida School for the Deaf and Blind	Okaloosa, Santa Rosa, Walton, Franklin, Gadsden, Holmes, Washington, Bay, Jackson, Calhoun, Gulf, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwanee, Taylor, Wakulla, Baker, Clay, Duval, Nassua, St. Johns, Alachua, Bradford, Columbia, Dixie, Gilchrist, Levy, Marion, Union, Indian River, Martin, Okeechobee, St. Lucie, and Palm Beach (rural)
B	Conklin Center for the Blind	Brevard, Flagler, Putnam, and Volusia
	Center for Independence, Technology, and Education	Lake, Orange, Osceola, and Seminole
D	Tampa Lighthouse	Citrus, Hardee, Hillsborough, Polk, and Sumter
E	Watson Center	Pinellas
	Lighthouse of Broward County	Broward
	Easter Seals Miami-Dade	Miami-Dade
	Lighthouse for the Visually Impaired and Blind	Pasco and Hernando
	Mana-Sota Lighthouse for the Blind and Visually Impaired	Manatee and Sarasota
	Lighthouse for the Blind of the Palm Beaches	Palm Beach (coastal)

Source: Division of Blind Services.

Findings

Division has not developed an adequate accountability system

The division has failed to develop an accountability system for the program and has actually decreased its accountability efforts since implementing the pilot project. The result of this failure is that there is limited information about the effects of program services.

The division is reporting money spent and the quantity of services provided, but nothing on results and quality that would constitute outcomes. Although the Legislature required the division to implement a statewide program and establish outcomes, the division failed to require providers to report outcome data in Fiscal Year 2000-01 and does not plan to do so until 2002-03. Instead, as shown in Exhibit 3, the division required providers to report basic information related to the number of clients served, number of clients receiving services by service category (e.g., independent living skills, support services, and social services), number of clients completing services, and funds expended providing services in each service category.

Exhibit 3
Division Expended $525,038 to Provide Program Services in Fiscal Year 2000-01

	Fiscal Year 2000-01
Funds expended providing program services	$525,038[1]
Number of children served	185
Number of family members served	364
Number of children who completed services	40
Number of family members who completed services	76

[1] Represents state contract funds expended on program services; expenditures have not been verified by the division.

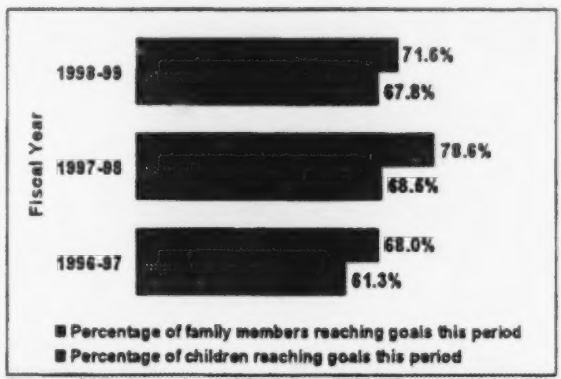
Source: Division of Blind Services, 2000-01 Program Utilization Reports.

These data provide information about the size of the client population, provider workload, and program expenditures. However, they fail to provide information about the level of services being provided per client, the actual cost per client for providing these services, whether services meet client needs, and whether client outcomes improve after services are provided. As a result, the Legislature has virtually no information on what resulted from the Fiscal Year 2000-01 investment of $1 million. [12]

Division's accountability system worsened during the pilot phase. Moreover, the division's accountability system for the program has actually deteriorated since the pilot project began in 1996. During the first three years of the pilot project, the division required providers to report data for eight service outcomes. [13] However, the division never checked the reported data for accuracy or completeness. The division also stopped collecting the outcome data in 1999-2000 because of division officials' belief that the division was to act only as a "pass-through agency." [14]

An analysis of selected outcome data from the first three years of the pilot shows that client goal achievement improved in the second year, but then declined in the third year (see Exhibit 4). [15] Because no data were collected for the fourth year, there is no information available on whether this trend continued, has improved, or has further declined.

Exhibit 4
Available Data Show Uneven Client Goal Achievement During Pilot Project



Source: OPPAGA analysis of data presented in *Outcomes of Services to Blind and Visually Impaired Infants and Toddlers, Pinellas Center for the Visually Impaired*, 1997; *Independent Living Skills for Blind and Visually Impaired Infants*, Pinellas Center for the Visually Impaired, 1998 and 1999.

The division did not use the pilot project for program development

Compounding this lack of an accountability system is the division's failure to use the results of the pilot project when it expanded the program statewide. The division did not adequately monitor the pilot project to assess and verify the performance of the providers, identify best practices, or assess the impact of varying program designs. The division also did not use the results of Florida State University

[12] The failure to differentiate between effort and accomplishment is a problem in government at all levels. Without outcome information, government cannot answer the question: *So what happened after your agency spent that money and provided those services?* Florida agencies have improved reporting about outcomes. See *PB² Status Report, Recent Initiatives Strengthen Florida's Performance-Based Budgeting System*, OPPAGA Report No. 00-15, November 2000.

[13] The outcomes were (1) number of children served during the contract period; (2) number of family members served during the contract period; (3) number of children reaching goals during the contract period; (4) number of family members reaching goals during the contract period; (5) number of children transitioning from early intervention programs into the school system or other appropriate programs; (6) rate of goal attainment for children; (7) rate of goal attainment for family members; and (8) parent satisfaction levels.

[14] Fiscal Year 1999-2000 was the first year that the Legislature appropriated a lump sum to be used specifically for funding the Blind Babies Program.

[15] Due to concerns over data accuracy, we used only the number of clients served and the number of clients reaching goals for our analysis.

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researchers' evaluation of the pilot providers to guide statewide program implementation. The likely result of these failures will be large statewide variations in program activities and outcomes.

Division did not adequately monitor or assess the pilot project. According to division officials and provider representatives, the division provided limited monitoring and technical assistance to the participating community-based rehabilitation agencies during the pilot project. Providers were paid for services in either monthly or yearly lump sums and had minimal contact with division staff. Division officials described the division's role during the pilot project as that of a "pass-through agency," simply providing funds with little involvement in program implementation and oversight.

Similarly, although the contracts for the first three years of the pilot project included a comprehensive list of services and eight service outcomes, the division did not ascertain whether required services were being provided or if service outcomes were being achieved. Moreover, the division did not use the information to assess performance or make programming or funding decisions.

Pilot project evaluation results were not used to improve the program. Although a 1997 study by Florida State University researchers found that there was wide variation among providers in terms of services provided, their stages of development, and the models and levels of service (see Exhibit 5), the division did not use this information to guide statewide program implementation. Instead, the division has left individual providers to make program implementation and service delivery decisions with limited guidance.

Exhibit 5
Pilot Project Evaluation Found That Pilot Providers Needed to Improve Services in Several Areas

Area	Findings
Provider Qualifications	• Knowledge and skills necessary for successful service delivery varied greatly among direct service provider staff. • Service provider staff members' qualifications varied from little experience working with children who are visually impaired to certification in vision specialties.
Referrals and Collaboration	• Most providers reported that children were not being identified and referred from other sources in a timely manner.
Screening and Assessment	• The Oregon Project was the most commonly used assessment tool.[1] • Overall, assessment in all areas related to the potential unique needs of visually impaired children was not occurring. • There appeared to be an over-dependence on using published assessment instruments in place of observations of children in their natural environments.
Individual Curriculum and Goals	• Overall, individual curriculum and goals were determined based on the results of the Oregon Project. • Although skills that addressed the unique needs of the target population were taught to some clients, vision stimulation was frequently emphasized.
Parent Involvement	• Parents were usually present during lessons, although their level of involvement varied.
Self-Evaluation	• Agencies evaluated their own programs through various processes including evaluation by funding sources and accrediting bodies and parent surveys • Overall, agencies were not tracking children after they complete services

[1] The Oregon Project for Visually Impaired and Blind Preschool Children is a comprehensive curriculum that includes a developmental skills assessment of eight areas: cognitive, language, socialization, vision, compensatory, self-help, fine motor, and gross motor.

Source: An Evaluation of Services to Young Children with Visual Impairments and Their Families in Florida, Eileen Pace and Dr. Sandra Lewis, Florida State University, December 1997.

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Statewide implementation has been slow; still not complete

The division has been slow to implement the program statewide due to poor administration, including lack of communication with district staff and providers and limited monitoring and technical assistance to providers. Although the division has managed to contract with providers for services to most counties, it still has not established formal procedures for identifying and enrolling program clients, coordinating services with other state programs that serve the same population, assessing the performance of providers, or distributing funds. The division has only recently established a workgroup to address these implementation problems.

Lack of effective administration has been a barrier to successful statewide implementation. The division's poor administration of the program has slowed statewide implementation. The division has not effectively communicated with district-level staff and community-based providers and has provided limited monitoring and technical assistance to providers. For example, the division initially developed contract specifications without consulting with pilot providers. The division revised specifications only after providers expressed concerns about required qualifications for early intervention specialists, reimbursement rates, pre-authorization for services, and unclear reporting requirements.

Providers we interviewed also indicated that they have received little guidance from division central office staff and described very diverse levels of assistance from district-level staff.[16] For example, while some district staff engage in daily interaction and consultation with providers, others interact with providers only once a month and offer little guidance. Also, the processing of referrals may take from a few hours to several months, depending on the district administrator responsible.

Moreover, some providers said that the division administers and monitors contracts inconsistently across its service districts because the contracts are open to interpretation and implementation is at the discretion of district administrators. For example, a district administrator in one district may disapprove a request for additional service hours to complete assessment services, while a district administrator in another district would approve additional hours for this purpose. Division managers acknowledge that district inconsistency has been a problem.

The division did not implement many key aspects of the legislation. Although the legislation that created the Blind Babies Program directed the Division of Blind Services to take specific steps to ensure successful program implementation, the division did not complete many of these key activities during the first year of program expansion. Specifically, the division does not have formal systems or procedures in place to

- identify potential program clients and enroll them in the program;
- refer children and their families to other available services;
- coordinate program services with those provided by other early intervention programs;
- assess the performance of program service providers and hold them accountable for their performance; and
- distribute program funds to contracted providers based upon client enrollment.

Effective systems to coordinate services with those of other programs that serve blind children are critical to avoid duplication of services. As shown in Exhibit 6, the state has established three other programs that serve children with visual impairments: school districts, the Children's Medical Services (CMS) Early Intervention Program, and the Florida School for the Deaf and Blind Parent Infant Program. These programs provide services to children who are also eligible for Blind Babies Program services.

[16] OPPAGA staff made site visits to the four original pilot providers in two division districts, met with eight providers during a division administrative staff meeting, and met with four providers during the first meeting of the statewide implementation workgroup.

Exhibit 6
Numerous Programs Serve Pre-School Children With Visual Impairments

	Local Education Agencies (i.e., school districts)	Children's Medical Services Early Intervention Program	Florida School for the Deaf and Blind Parent Infant Program	Division of Blind Services Blind Babies Program
Population Served	Birth through age 5, depending upon district	Birth until age 3	Birth through age 5	Birth through age 5
Eligibility Requirements	Documented eye impairment meeting specified medical and educational criteria [1]	Established medical condition or a diagnosed developmental delay [2]	Same criteria as for Local Education Agencies	Bilateral visual impairment that constitutes or results in a substantial impediment to the ability to learn and function independently
Services Provided	School- and natural environment-based vision and orientation and mobility services [3]	School- and natural environment-based special instruction and early intervention services; vision services; speech, language, physical, and occupational therapy; and assistive technology equipment and services (e.g., screen readers, magnification devices, and Braille machines) [4]	Natural environment-based early intervention services; functional and vision assessment; vision and orientation and mobility services; consulting with child care centers; and parent and family support, information, and training	Center- and natural environment-based vision assessment and training; motor, independent living, social, and cognitive skill development; and parent and family support, information, and training
Geographical Service Area	32 counties serve children birth through age 5 35 counties serve children age 3 through age 5	67 counties	18 counties [5]	58 counties
Number of Clients Currently Served	231 [6]	203	33	549 (185 children, 364 family members)

[1] Medical and educational criteria include bilateral lack of central, steady, or maintained fixation of vision with an estimated visual acuity of 20/70 or less after best possible correction; bilateral central scotoma involving the perimacula area; bilateral grade III, IV, or V Retinopathy; or other documented eye impairment affecting the student's ability to function in an educational or academic setting.

[2] Established medical conditions include genetic or metabolic disorders; neurological insults or disorders; severe attachment disorder; and significant sensory impairment.

[3] Approximately 44 districts provide only school-based services, 22 districts provide school- and natural environment-based services, and 1 district provides only natural environment-based services. Natural environment includes both the child's home and child care settings.

[4] According to a survey of providers conducted by Children's Medical Services Early Intervention Program staff, the most common services provided to children with visual impairments are occupational therapy, early intervention services, physical therapy, and speech therapy. Some counties reported that they are very limited in the services they can provide to visually impaired children. Assistive technology is any equipment, product, or device used to increase, maintain, improve, or replace the functional capabilities of individuals with disabilities.

[5] This represents counties in which the Florida School for the Deaf and Blind is currently staffed to provide services.

[6] Represents children for whom visual impairment is the primary disability.

Source: Department of Education, Children's Medical Services, and Florida School for the Deaf and Blind program documents and *An Evaluation of Services to Young Children with Visual Impairments and Their Families in Florida*, Eileen Pace and Dr. Sandra Lewis, Florida State University, December 1997.

One year after legislation, the division finally took steps to facilitate statewide implementation. In June 2001, nearly one year after the Blind Babies legislation became effective, the division established a workgroup to address statewide implementation issues such as

- developing performance measures and standards;
- developing performance measure reporting requirements;
- relating performance measures and standards to the contract payment method; and
- establishing and strengthening interagency linkages at the state and district level.

The workgroup includes division central office and district level staff, representatives from the contracted community-based provider organizations, Department of Education Exceptional Student Education Program staff, and CMS Early Intervention Program staff. The participation of staff from these agencies can help the Blind Babies Program develop effective accountability systems. For example, as described in Appendix A, several components of CMS Early Intervention Program's accountability system, funding allocation method, and interagency agreement process could be used as models for the Blind Babies Program. While the workgroup has not set completion dates for all of its activities, it does anticipate developing and submitting an interagency agreement to CMS Early Intervention Program and the Department of Education by November 2001 and intends to develop outcome measures for inclusion in Fiscal Year 2002-03 contracts.

In addition to establishing the workgroup, the division initiated a public awareness campaign aimed at increasing the visibility of all of the division's programs. The division plans to develop a media plan and implement public service announcements promoting services to target populations.

Conclusions and Recommendations

Due to the Division of Blind Services' failure to develop an adequate accountability system and to effectively implement the Blind Babies Program statewide, we cannot recommend that the Legislature continue funding the program. We are unable to assure the Legislature that the program is not duplicating existing programs, is having the desired impacts, or is cost-effective. If funding were discontinued, 185 children and 364 family members would no longer receive the program's services, but the effectiveness of these services is not conclusive.

However, if the Legislature wishes to continue funding the program, we recommend that the division take numerous steps to ensure program success and to provide evidence to the Legislature that program services are needed, beneficial, and should be continued.

We make five recommendations to improve client identification and referral, improve coordination of services with other early intervention programs, increase program utilization, ensure cost-effective distribution of program funds, and establish a useful accountability system.

1. To ensure client identification and referral, comprehensive service coverage, and service continuity, the Division of Blind Services, Children's Medical Services (CMS) Early Intervention Program, and local school districts should develop interagency agreements. These interagency agreements should include
   - uniform, written client identification and referral, evaluation, and service planning and coordination processes;
   - standardized, written practices to guide clients' transition from one program to another;
   - provisions for a unified case manager who oversees the coordination of services and makes sure that services are not duplicated; and

- provisions for a representative from each agency to monitor the implementation of the interagency agreement.

The division should use CMS Early Intervention Program's expertise in developing interagency agreements as a valuable resource (see Appendix A).

2. To increase the visibility and utilization of Blind Babies Program services, the division should continue recent public awareness efforts. The division should develop Blind Babies Program brochures and should initiate training and outreach efforts that include visits to hospitals, doctors' offices, schools (including pre-school programs), and other early intervention providers. The division should also ensure that the program is included on statewide referral and information service agencies' provider lists. Examples of referral services include
   - Florida Children's Forum's Florida Directory of Early Childhood Services;
   - Florida Alliance of Information and Referral Services' Network Database of Human Services; and
   - TEAM Florida Partnership's Florida Health and Human Services Organizations list.
3. To ensure that providers receive appropriate resources to serve eligible clients, the division should develop a formula to determine contract award amounts based upon client enrollment, rather than awarding every provider the same amount. CMS Early Intervention Program uses a funding allocation formula that can serve as a good model for the Blind Babies Program (see Appendix A). The division's formula for allocating Blind Babies Program funds could include the components of the CMS Early Intervention Program formula, as well as a strong performance contracting component that bases provider payment at least in part on their performance on established measures.
4. To fulfill its legislative mandate to measure the program's progress towards achieving intended outcomes and to ensure that quality services are being effectively delivered to the target population, the division should develop performance measures by the end of Fiscal Year 2001-02. These measures should be added to provider contracts, and performance data should be reported to the Legislature. We recommend that the division's measurement set include assessment of the areas listed below, as appropriate for the various ages of the target population:
   - number of children served during the contract period;
   - number of family members served during the contract period;
   - percentage of clients with client service plans;
   - percentage of client service plans that include community activities/involvement;
   - percentage of clients demonstrating bi-annual improvement in each client development area identified in the initial assessment; these client development areas should include cognitive, language, social, vision, compensatory, self-help, fine motor, and gross motor acquisition;
   - percentage of clients receiving case management services;
   - percentage of clients with transition plans when they leave the program;
   - percentage of pre-school age clients successfully transitioning into pre-school;
   - percentage of pre-school age clients who continue to attend pre-school programs;
   - percentage of kindergarten age clients successfully transitioning into kindergarten;
   - percentage of kindergarten age clients who continue to attend kindergarten;
   - percentage of clients learning to use assistive technology (e.g., voice activated computers, magnification devices, and Braille machines); and
   - percentage of parents satisfied with services.

5. In addition to establishing program performance measures, the division should develop a quality assurance system. The CMS Early Intervention Program monitoring procedures can serve as a useful model (see Appendix A). The division's monitoring system should include both compliance and quality monitoring procedures. Division district-level staff should be responsible for local contract monitoring and quality assurance activities, and central office staff should provide statewide contract monitoring training and technical assistance. The overall goal of quality assurance activities should be to ensure that service providers are making progress towards achieving established performance outcomes.

Agency Response

The Commissioner of Education's written response to our preliminary report has been reproduced herein in Appendix B, beginning on page 14.

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John W. Turcotte, OPPAGA Director

Appendix A

Children's Medical Services Early Intervention Program

Program Description

Children's Medical Services Early Intervention Program, within the Department of Health, is a statewide, family-centered, early intervention program that provides

- information and referral;
- screening, to assess need for further evaluation;
- evaluation, for eligibility determination or service needs assessment;
- family support planning; and
- service coordination. [17]

Through the program, eligible infants, toddlers, and their families may be provided with vision therapy, audiology services, assistive technology equipment and services, social work services, early intervention sessions, health services, speech/language therapy, and other needed services.

Services provided through the program are community-based and supplied through contracts with agencies in 15 service areas. [18] Contract amounts for each service area are determined using an allocation formula that considers

- number of children actually served;
- number of children potentially eligible for program services;
- percentage of potentially eligible children actually served;
- square miles in the service area; and
- price level index for the service area.

Quality Assurance

To fulfill federal requirements, the program established an extensive performance-based quality assurance process designed to

- ensure compliance with federal Individuals with Disabilities Education Act Part C requirements, state policy, and program contract requirements;
- provide ongoing technical assistance and support of best practices for participating agencies;
- ensure follow-up, tracking, and implementation of corrective actions; and

[17] Funding for CMS Early Intervention Program is through Part C of the federal Individuals with Disabilities Education Act.

[18] Pensacola, Tallahassee, Gainesville, Jacksonville, Orlando, Fort Myers, Melbourne, Daytona Beach, Tampa, St. Petersburg, Sarasota, West Palm Beach, Fort Lauderdale, Miami, and the Keys.

- implement incentives and consequences based upon program performance.

The monitoring process includes a "desk review" of required documents as well as an onsite review of providers to determine compliance with service components. [19] Examples of service components are service coordination, service delivery, referral, data/record keeping, and local quality assurance. For each component, quality assurance teams determine compliance, issue specific findings, and suggest corrective action. [20] Teams use a standard quality assurance document during monitoring, and a standard reporting format and procedure is used to report results and follow-up activities.

Service Coordination

Through interagency agreements, the program coordinates its services with other agencies to ensure that program clients receive all services available to them in the most effective and efficient manner possible. The program has interagency agreements with the Department of Education, the Florida Agency for Health Care Administration, and the Florida School for the Deaf and Blind. Program staff have received extensive training related to developing and implementing interagency agreements and have utilized the *Guidebook to Build Better Transition Systems and Develop Effective Interagency Agreements* to facilitate the interagency agreement process. [21]

[19] There are three levels of review: (1) desk review with no onsite visit; (2) desk review and modified onsite visit; and 3) desk review and onsite comprehensive visit, three to four days in duration. Each program receives a comprehensive review at least every three years.

[20] Quality assurance teams consist of CMS Early Intervention Program staff, a statewide early intervention parent consultant, a representative from the Department of Education, and a representative from the Agency for Health Care Administration.

[21] Developed by Susan Duwa and Greg Kilgore for Florida's Transition Project for Infants, Young Children, and Their Families, March 2000.

Appendix B

Agency Response

In accordance with the provisions of s. 11.45(7)(d), *Florida Statutes,* a draft of our report was submitted to the Commissioner of the Department of Education for his review and response.

The Commissioner of Education's written response has been reproduced herein beginning on page 15.

FLORIDA DEPARTMENT OF EDUCATION

CHARLIE CRIST
COMMISSIONER

September 10, 2001

John W. Turcotte, Director
Office of Program Policy Analysis
And Government Accountability
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, Florida 32399

RE: OPPAGA Special Review of the Blind Babies Program

Dear Mr. Turcotte:

Thank you for the opportunity to respond to the preliminary findings and recommendations contained in the OPPAGA Special Review of the Blind Babies Program. The report on the Blind Babies Program is generally accurate. While the Division of Blind Services found some minor discrepancies with the manner in which the facts are presented, we consider it more important to address the critical need for the program and the significant achievements made during this past year. The Blind Babies Program is one of the most significant pieces of legislation passed by the Florida Legislature in the 2000 Session. The pilot programs passed during previous legislative sessions clearly identified the need for a comprehensive statewide program. The pilot programs found the target population was unserved in many areas of the state, or seriously underserved in other areas.

While there were administrative errors and oversights, great strides have been made to establish goals, training, standards, and monitoring. By any standard applied, valuable training and rehabilitative services have been provided to hundreds of clients never before served. It would be a travesty to curtail this program when it is just coming into its own. The mistakes and omissions in program implementation are attributable to many causes including the transfer of the Division of Blind Services from the Department of Labor and Employment Security to the Department of Education in January 2001, and the

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appointment of a new division director in February 2001. The fact that no comparable program exists anywhere in the country required the creation of totally new guidelines, standards, and contracts, and the need to find counselors with the specialized skills to provide training and rehabilitation. However, blame cannot be attributed to the innocent parties in this case – the blind babies and their families who are receiving program services, and the hundreds of blind babies the program has shown to exist in Florida that have not yet connected with services.

With the participation of OPPAGA, the Division of Blind Services formed a true public-private partnership with other governmental agencies and the private service providers to find and serve hundreds of blind babies and their families, and to avoid duplication, while closing gaps in service. The Division concurs with the recommendations by OPPAGA for improving program success. The Division workgroup is making progress related to a number of the recommendations and continuing public awareness efforts. Florida's Blind Babies Program has become the envy of other states that are seeking to emulate our program. The private service providers agree that the working relationship with the Division, as evidenced in the Blind Babies Program, has never been closer or more beneficial to the people we serve. I firmly support the continuation of The Blind Babies Program.

Sincerely,

/s/
Charlie Crist

CC/ls